



ARKANSAS STATE MEDICAL BOARD

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June 30, 2009

EXHIBIT G-1

The Honorable Percy Malone
The Honorable Gregg Reep
Interim Committee on Public Health
Welfare, and Labor
Arkansas State Capitol
Room 315
Little Rock, AR 72201

RE: Centralized Credentials Verification Service (CCVS)
Arkansas State Medical Board – Quarterly Report

Gentlemen:

In accordance with Act 1360 of 2003, the Arkansas State Medical Board would like to submit the enclosed report for your review:

- Quality Improvement Report presented to the Arkansas State Medical Board and the CCVS Advisory Committee for the quarter dated 1/1/2009 to 3/31/2009 (1st Quarter). We are presently completing our 2nd Quarter.
- The Overview and History (Development Summary) of the CCVS.
- Attached are various charts providing the information listed above in chart format for your convenience and preference.
- Volume Trending chart on Orders received and Orders released to CCVS customers, listing averages over the specified period of time.
- The CCVS is currently in the middle of National Committee on Quality Assurance (NCQA) certification resurvey. This will end in September 2009 when the official results of the resurvey will be made available.

As can be noted from the report, this program is in compliance with all elements of this Act, as passed.

Sincerely,

Peggy Pryor Cryer
Executive Secretary
Enclosures

CENTRALIZED CREDENTIALS VERIFICATION SERVICE (CCVS) DEVELOPMENT SUMMARY

The Arkansas Health Resources Commission developed a comprehensive statewide-centralized credentials verification service based in the Arkansas State Medical Board as a result of a recommendation in 1993. The premise of this service was for the ASMB to build on the existing procedures for collection of verification documents utilized by the Medical Board at initial physician licensing.

Act 1066 of 1995 created the Centralized Credentials Verification Service (CCVS), the first credentials verification organization (CVO) in the nation to be based in a state medical board. The CCVS process allows the Medical Board to provide an organization with each physician's core credentialing information, once the physician provides the Board with written authorization to release the information to that specific organization. The Board reports quarterly to the House Interim Committee on Public Health, Welfare, and Labor and the Senate Interim Committee on Public Health, Welfare, and Labor concerning the credentialing process established by ACA 17-95-107.

Act 1410 of 1999 mandating the use of the CCVS also specified certification by the National Committee for Quality Assurance (NCQA), which was obtained initially in August 2001, re-certified in August 2003, August 2005 and August 2007 and is in good standing until August 2009. Resurvey is every two years and always scheduled prior to the expiration date. The NCQA requires, at a minimum, quarterly reporting to the oversight committee specified in the program's policies and procedures. The CCVS has oversight from a 10 member Advisory Committee appointed by the Medical Board. The Committee is comprised equally of representatives of credentialing/healthcare organizations (hospitals, managed care organizations, behavioral health organizations, insurance networks; equally medical staff, administrative staff representatives, etc) subject to the Act. The Advisory Committee is nominated by the members but appointed by the Medical Board to accomplish several functions: 1) Assist the Medical Board in instituting a comprehensive and credible credentials verification service; 2) monitor and evaluate the service and seek opportunities to improve it; 3) provide liaison and facilitate compliance with regulatory standards such as those of National Committee for Quality Assurance (NCQA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Arkansas Department of Health (ADH); 4) recommending policies, procedures and fees; and 5) publicizing and advocating for the service.

A quarterly Quality Improvement Report is the method utilized by the CCVS to report statistical tracked data to the oversight committees for their review. The report meets and exceeds one of the oversight-reporting requirements of the NCQA. It provides:

- Profile Release numbers: Breakdowns; Percentage of Totals; Monthly Averages; Number of Physicians represented by number of profiles released (some physicians may be released to more than one organization in one report period); Average Turn-Around-Time (TAT) for each type of order, which is figured in business days from the time the order is placed to the time the order is released to the customer. Targeted goals are noted with Percentage of files meeting targeted goals for each type of order also listed.
- New orders to the system for each quarter are provided in this report.
- Information on Internal File Audits generally exceeds NCQA minimum audit requirements for certification. NCQA requires 5% audit of released files and the Quality Team performs 100% audits on released files by the trainer and a minimum of 25% total quality audits on a random sampling of all other files.
- Staffing Numbers – provides the numbers of staff in CCVS for each month in the specified quarter for the purpose of tracking staffing impact on turn-around-time and volume statistics.
- Registered Users – breakdown of HOSPITAL organizations usage which includes free-standing surgery centers, outpatient centers, rehab facilities; and, OTHER organizations, which will include managed care, insurance networks, HMO, PHO, PPO, etc.
- Customer Satisfaction Feedback Comments – Breakdown on reported issues, questions, positive and negative feedback cycling through the Customer Service department to determine any trends so that quality improvement can be implemented in a timely manner.
- Report of web-based random customer surveys.



Arkansas State Medical Board
Centralized Credentials Verification Service

Quality Improvement Report

For the Period 1/1/2009 to 3/31/2009

Prepared by:

Angie Meehleder
Quality Assurance & Customer Service Manager



Arkansas State Medical Board Centralized Credentials Verification Service

Quality Improvement Report

For the Period 1/1/2009 to 3/31/2009

NOTE: The Quality Improvement Report has changed. The most recent quarter is now shown in the third data column, with the two previous quarters' data in the grey columns to the left of it. Also, a new column has been added to show any positive or negative difference between this quarter and the last quarter.

SECTION 1 -- RELEASE INFORMATION

Period:	Previous Quarter	Last Quarter	This Quarter
Number of Business Days in Period:	7/1/08-9/30/08	10/1/08-12/31/08	1/1/09-3/31/09
	61	59	61

ORDER & RELEASE STATISTICS:

	Previous Quarter		Last Quarter		This Quarter		Increase or Decrease from Last Quarter (%)
	7/1/08-9/30/08		10/1/08-12/31/08		1/1/09-3/31/09		
New Initial Orders in System:	1,614		1,340		1,149		-14.3%
New Recredential Orders in System:	2,163		1,989		2,268		14.0%
TOTAL New Orders in System:	3,777		3,329		3,417		2.6%
Initial Releases Total / % of Total	1,611	39.4%	1,342	41.2%	1,115	31.6%	-16.9%
In-Cycle Recred Releases Total / % of Total	1,146	28.0%	1,046	32.1%	1,166	33.0%	11.5%
Out-of-Cycle Recred Releases Total / % of Total	1233	30.1%	776	23.8%	1,171	33.2%	50.9%
Expedited Initials Total / % of Total	87	2.1%	50	1.5%	52	1.5%	4.0%
Expedited Recredentials Total / % of Total	17	0.4%	43	1.3%	24	0.7%	-44.2%
TOTAL Releases Completed:	4,094		3,257		3,528		8.3%
Average Monthly Releases:	1,365		1,086		1,176		8.3%
Number of Physicians Released:	2,566		2,472		2,633		6.5%
Average TAT (Business Days)							
Initials (Target = 15):	11.00		5.85		4.49		1.36 days
In-Cycle Recredentials (Target = 30):	2.50		2.30		2.34		-0.04 days
Out-of-Cycle Recredentials (Target = 30):	16.92		9.35		15.03		-5.68 days
Expedited Initials (Target = 5):	2.90		2.37		2.02		0.35 days
Expedited Recredentials (Target = 5):	0.80		1.77		1.54		0.23 days
% of Files Meeting Target TAT Goals:							
Initials:	94.0%		99.9%		100.0%		0.1%
In-Cycle Recredentials:	100.0%		100.0%		100.0%		0.0%
Out-of-Cycle Recredentials:	100.0%		99.8%		99.7%		-0.1%
Expedited Initials:	99.0%		98.4%		100.0%		1.6%
Expedited Recredentials:	100.0%		100.0%		100.0%		0.0%

I/R = Initial/Recredential files; Initial=all credentialing elements; Recredential=updated credentialing info from last 2 years.
 Releases = Physician profiles provided or "released" to customers via the on-line system.
 New Orders = In-coming orders for physician profiles currently in process of being updated but not yet due to customer.
 In-Cycle = Recredentialing orders placed according to the license renewal birth month cycle with quicker TAT.
 Out-of-Cycle = Recredentialing orders not placed according to the license renewal birth month cycle that have to be updated.
 Expedited = Customer ordered rush/expedited profile with a 5-day turnaround guarantee due to their internal time requirements.
 TAT = Turn-Around-Time, the time from customer placing the order until the order is provided to them.
 NOTE: Telemedicine physician orders are included in Initial orders.

ORDER AND RELEASE STATISTICS: Improvements, Barriers, Recommendations & Follow-Up

Improvements from last quarter:

The average Turn-around-time (TAT) in business days goals for Initials (including Telemedicine), and all Expedited improved this quarter. Percentage of profile types meeting targeted goals also improved for all types of orders except for a .1 increase reported in Out-of-cycle orders. All other percentages meeting targeted goals at 100%, with In-cycle recredential orders remaining at 100% for three quarters and Expedited Recredentials at 100% for four consecutive quarters.

Barriers:

Three Out-of-cycle orders in February caused a slight increase of 5.68 TAT days due to delays in three files - obtaining an attestation on a physician out of the country; one on vacation and an organization Authorization and Release that failed to release from system.

Recommendations & Follow-Up:

The new internal processes for assigning file audits and new training endeavors continue to positively impact order and release statistics. Utilization of temporary staff to assist with obtaining telemedicine verifications has helped to improve turn-around-time. Continue to monitor for process improvement, opportunities to reduce and improve turn-around-time and increase or provide additional training as necessary.

INTERNAL QUALITY AUDIT STATISTICS:

- Internal quality audits are performed as required by NCQA.
- Files are randomly selected, with concentration on staff in training.
- 50% of audits are pre-release, 50% are post-release.

	Previous Quarter 7/1/08-9/30/08	Last Quarter 10/1/08-12/31/08	This Quarter 1/1/09-3/31/09	Increase or Decrease from Last Quarter (%)
TOTAL Number of Releases:	4,094	3,257	3,528	8.3%
% of released files reviewed:	25%	25%	25%	25%
Number of errors in audited files:	98	72	99	37.5%
Accuracy rate on audited files:	90.4%	91.2%	88.8%	-2.6%

INTERNAL QUALITY AUDIT STATISTICS: Error Types, Barriers, Recommendations & Follow-Up**Types of Errors:****Jan = 51:**

Wrong clinical scope (17); Staff appointments expired 120 day requirement (13); missed staff appointments (9); Good standing not entered/corrected (7); Entered incorrect standard remarks deleting original verification dates and info and listing as Cannot reverify (5).

Feb = 13:

Staff privileges incorrect (4); Missed time gap (3); Missed staff appointments (2); Missed faculty appointment (2); Missed employment (1) or private practice entry (1).

Mar = 35:

Missed staff appointments (11); No signature on verbal verification documentation (11); Did not obtain clarification on education length (3); Missed time gap entry (1); Selected wrong education program entity (2); Missed faculty appointment (5); Missed verification in file (1); Missed Other State License on CV (1).

Barriers:

All staff making careless, rushing-type errors, staff still in training with new trainer not familiar with processes or data entry locations. Several staff out with seasonal illnesses. New training techniques and sessions are being scheduled to improve understanding of processes and this is still in process as staff becomes accustomed to overall internal process changes.

Recommendations & Follow-Up:

Errors continue to be reviewed with staff and individual training provided on a one-on-one basis. New training measures, classes, processes and tools and one-on-one training are in place and error rate has improved, as expected. Continue to monitor for training improvement toward decreasing error rates, identifying training needs for individual staff and developing resources to help with file audits, ways to improve staff retention and morale inducements.

Note: Quality audits were returned to 25% and a Quality Team identified to assist with quality audits. Files for audit may be randomly selected from release list prior to release. It will be noted at top of this section. The Quality Team also meets periodically to review files and processes and continually communicates with trainers and specialists in order to remain consistent in education and training efforts and provide current resource and process information to credentialing staff.

SECTION 2 -- STAFFING NUMBERS AND REGISTERED USERS

Staffing Numbers:

Note: CCVS staffing tracked due to the impact on quality, training and productivity.

Month:	Last Quarter			This Quarter		
	Oct '08	Nov '08	Dec '08	Jan '09	Feb '09	Mar '09
# of Permanent Staff:	17	17	18	17	18	17
# of Temporary Staff:	3	2	2	2	3	2
Staff Loss (Perm/Temp):	0/1	0/0	0/0	0/0	1/1	1/2

Registered Users:

Total number of user organizations reported each period.

Period:	Previous Quarter	Last Quarter	This Quarter	% +/- from last quarter
	7/1/08-9/31/08	10/1/08-12/31/08	1/1/09-3/31/09	
Hospital:	225	228	231	1.3%
MCO/Other:	38	39	39	0.0%
Total Customers	263	267	270	1.1%

MCO = Managed Care Organizations, Insurance Networks, PHOs

Other = Clinics, IPAs, Surgery & Outpatient Clinics

REGISTERED USER TRACKING: Barriers, Recommendations & Follow-Up

Barriers:

Tracking limitations remain the same and will not change in the near future until and unless the state legislature requires insurance products to register prior to initiation of business in Arkansas. There still is no other way to discover new insurance products that begin operating within the state except through physician and office staff notification. Several organizations currently operating within state are the cause of common complaints. Physicians say they are upfront about not utilizing the CCVS because they are going through another credentialing office, sharing profiles but with separate credentialing committees or utilizing an out-of-state application service that is not compliant with the CCVS, advertises itself as a "credentialing" organization, and stating that they are not operating instate and therefore are excluded from Arkansas law. They will determine what to do if/when they are fined but they are aware that no one has been fined. Physicians' office staff confirm this information.

Recommendations & Follow-Up:

The management team is communicating with these organizations on a consistent and regular basis to encourage sign-up, seeking the counsel of the Board's attorney in determining the best method for addressing any instances of known non-compliance. Seeking recommendations of the Advisory Committee. The IT department is also working on methods to track utilization of the CCVS by each customer and changes in sign-up and renewal of account information that will provide reappointment cycle and other options to make this easier to track. It will also provide historic information regarding when an organization normally places large orders so that staffing can be adjusted and planned in advance. New organizations will continue to be identified through the same methods - through physicians, their office staff, other organizations and business news information until or unless there is required tracking in Arkansas for this type of organization. The Customer Service department will provide the necessary information to new organizations and follow-up with any non-compliant organizations as required and as they are identified. Continue to monitor for customer service assistance, statute compliance and improvement.

SECTION 3 -- CUSTOMER SATISFACTION/FEEDBACK -See Section 3 Addendum attached

CATEGORIES:	Previous Quarter		Last Quarter		This Quarter		Increase or Decrease from last QTR
	7/1/08-9/30/08		10/1/08-12/31/08		1/1/09-3/31/09		
<u>Positive Comments:</u>							
Positive Comments (Total / % of Total):	12	9.9%	1	1.4%	6	6.4%	500.0%
<u>Technology/System Issues:</u>							
Customer Tech (Total / % of Total):	30	24.8%	26	35.1%	11	11.7%	-57.7%
CCVS Internal Tech (Total / % of Total):	9	7.4%	9	12.2%	17	18.1%	88.9%
<u>Other:</u>							
Profile TAT Delay (Total / % of Total):	0	0.0%	0	0.0%	0	0.0%	No change
Inconsistent Data (Total / % of Total):	8	6.6%	2	2.7%	7	7.4%	250.0%
Credentialing Program (Total / % of Total):	5	4.1%	1	1.4%	29	30.9%	2800.0%
Staff Related (Total / % of Total):	69	57.0%	36	48.6%	30	31.9%	-16.7%
Known Cause (Total / % of Total):	0	0.0%	0	0.0%	0	0.0%	No change
TOTAL CUSTOMER ISSUES:	121	3.7%	74	2.1%	94	2.7%	27.0%

# of releases WITHOUT Customer Service issues:	3,434	# of releases WITH Customer Service issues:	94
% of releases WITHOUT Customer Service issues:	97.34%	% of releases WITH Customer Service issues:	2.66%

POSITIVE COMMENTS: Improvements from last quarter

Positive responses regarding the program, staff and customer service from customers and physicians.

CUSTOMER TECHNOLOGY ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Cust Tech issues:	3,517	# of releases WITH Cust Tech issues:	11
% of releases WITHOUT Cust Tech issues:	99.69%	% of releases WITH Cust Tech issues:	0.31%

Barriers:

Customers who aren't utilizing the program often had difficulty accessing the website, placing an order or printing a report. The customer users were not utilizing the on-line User Guide provided.

Recommendations & Follow-Up:

These issues were all user education. Once one-on-one assistance was provided and referral to the Guidebook, the issues were quickly resolved. The management team is planning on-site education inservices at the board this summer and fall. Continue to monitor for process improvement, customer user assistance and opportunities to improve user guidebook and training.

CCVS TECHNOLOGY ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT CCVS Tech issues:	3,511	# of releases WITH CCVS Tech issues:	17
% of releases WITHOUT CCVS Tech issues:	99.52%	% of releases WITH CCVS Tech issues:	0.48%

Barriers:

System glitches reported, including customer's inability to order due to greyed out issues, system down, profile did not "release," customer could not order for unknown reason, customer could not access DEA/Malpractice screen, system allowed two active duplicate orders to be placed on the same physician.

Recommendations & Follow-Up:

Continue to monitor and correct conversion issues/glitches as they are discovered and reported. IT staff clear the system glitch and the customer places the order without any additional delay and without losing any of their TAT time. Continue to monitor for process improvement.

PROFILE TAT ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Profile TAT issues:	3,528	# of releases WITH Profile TAT issues:	0
% of releases WITHOUT Profile TAT issues:	100.00%	% of releases WITH Profile TAT issues:	0.00%

Barriers:

There were no Profile TAT issues reported by customers this quarter.

Recommendations & Follow-Up:

Continue to monitor fallouts to prevent customer service issues and for process improvement.

INCONSISTENT DATA ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Profile TAT issues:	3,521	# of releases WITH Profile TAT issues:	7
% of releases WITHOUT Profile TAT issues:	99.80%	% of releases WITH Profile TAT issues:	0.20%

Barriers:

Organizations continue to report appointments or work history that the physicians are listing on applications for privileges or CV's provided at application but have not been reported to the Board at initial licensure or to the CCVS in the annual renewal. However, there are two organizations that reported inconsistencies when their staff was just not familiar with the profile content and format or they overlooked the explanatory info provided on the profile. In some cases, the inconsistency is 2-3 days off the physician's statement and verification. This organization demands reverification of the dates to fill the "gap" in time. The physician's CV may not list exact dates or match the dates the PSV provided simply because they do not recall exactly when they started or left, organization is providing the end of privileges and the physician is providing their last physical day.

Recommendations & Follow-Up:

The organization medical staffs' assistance in reporting and allowing the CCVS to obtain the clarification, has been of enormous help in resolving inconsistency issues. This teamwork greatly reduces the possibility of inconsistencies reported to the ASMB/CCVS and to the customer on their application because the physician sometimes will leave information off their app and the CCVS has obtained it. The greater majority of customer organizations recognize the benefits of allowing the CCVS to update the information so all organizations may have access and are of great assistance in reporting the inconsistencies so all can benefit. There are two know organizations that persist in obtaining verifications on their own and when the CCVS contacts the source, they are informed they just gave that verification to Arkansas and will not give it again. This slows down the process for every organization wanting that physician's profile. Continue to document the issues with all organizations for compliance reporting and will request the board attorney and the board follow up in the near future with mandated consequences. Will continue to monitor for quality purposes and to obtain and provide updated profiles to customers as needed and as determined by inconsistent data.

CREDENTIALING PROGRAM (MEDSUITE) ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT MedSuite issues:	3,499	# of releases WITH MedSuite issues:	29
% of releases WITHOUT MedSuite issues:	99.18%	% of releases WITH MedSuite issues:	0.82%

Barriers:

In most cases, issues involving cleaning up of old credentialing program problems and problems due to conversion and start-up issues between new/old system are not identified until the file is worked. This quarter the issue was involved in cleaning up old entity (organization name) fields to remove old names from the list and a "Do Not Use" indicator was entered so the staff would not choose these incorrect ones. Since clean-up is ongoing, in some cases the change was made during the file release process, caught between the release and receipt by customer, and a few customers noted the Do Not Use indicator and thought it meant they could not use that entry for credentialing. This mostly affected DEA/Malpractice verifications but did print on some profiles during the update process and license renewal process.

Recommendations & Follow-Up:

These issues will improve as clean-up is completed and staff become more experienced in identifying. As more of the wrong entity names are removed and replaced with the correct names, there will be less and less possibility of this error/issue. The customer or physician (if during renewal process) is always provided with a corrected profile immediately upon notification. Continue to monitor for staff training and process improvement.

STAFF-RELATED DATA ENTRY ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Staff-Related issues:	3,498	# of releases WITH Staff-Related issues:	30
% of releases WITHOUT Staff-Related issues:	99.15%	% of releases WITH Staff-Related issues:	0.85%

Barriers:

New staff in training, change in processes and staff rushing to complete profiles to meet productivity goals are continuing problems and are responsible for the data entry issues this quarter with most occurring early in the quarter. Accuracy and consistency in data entry and following written processes continues to be an issue with all staff because of the uniqueness of most physician files.

Recommendations & Follow-Up:

Staff continue to improve in their data entry skills, speed and understanding of the credentialing processes. New training processes are in place and improvement is expected within the next quarters if turnover does not increase. Continue to monitor for training and staff education opportunities.

KNOWN CAUSE ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Known Cause issues:	3,528	# of releases WITH Known Cause issues:	0
% of releases WITHOUT Known Cause issues:	100.00%	% of releases WITH Known Cause issues:	0.00%

Barriers:

There were no Known Cause issues this quarter so no barriers are reported.

Recommendations & Follow-Up:

Continue to monitor processes for improvement opportunities.

CUSTOMER SERVICE ONLINE SURVEY:

Online survey is not functioning due to web site/IT issues .

QI Report - Section 3
January 1, 2009 - March 31, 2009

Section 3 - Customer Satisfaction/Feedback

CATEGORIES	
6	Positive Comments
Technology/System Issues	
11	Customer
17	CCVS-Internal
Other	
0	Profile TAT Delay
7	Inconsistent Data
29	MedSuite Program
30	Staff Related
0	Known Cause
94	Total Customer Issues (not including positive comments)

In addition to the above, the following issues were addressed by the Quality Assurance/Customer Service Department:

526	Miscellaneous Customer Service issues: <i>Resolved or completed.</i>
1	Requests for incomplete profiles. <i>Completed.</i>
58	Requests for rosters, roster updates or roster inquiries because the organization did not provide one to the CCVS prior to the old roster expiration. Requests for signature pages on rosters that were provided, requests for dates on rosters or privilege or good standing information that was left off of roster. <i>Completed/resolved.</i>
11	Requests for order status checks. This was predominantly due to new customer staff unaccustomed to the system. Cannot pull files from working status to continually check status as this delays the release process for the other customers and physicians who are waiting on completion. <i>Resolved.</i>
159	New user staff education requests on how to order, form requests, where to look, difference between an attestation and authorization & release, profile definitions. <i>New user customers are always provided with new user packet of information that provides all information, customers are provided with one-on-one assistance whether they are new users or users who have forgotten how to do something.</i>
47	Billing Questions; Account Administration Questions; setting up new users or accounts; billing or credit card questions; changing log-in, forgot passwords, changing account administrators or removing users from account access; requesting partial refunds; organization signed up for wrong access; account locks; declined credit card notices
87	Returned A&Rs to customers due to wrong or unknown customer name in the organization blank, misdated or not dated A&Rs, stamped signatures, illegible names and license numbers or the organization name was not listed on the A&R or was not listed in the CCVS customer list. <i>Contact or follow up could not be made with those organization or physicians where the name was missing or illegible. All others corrected and, once returned, the A&R and order access was allowed. Any A&R no returned by release due date were canceled until the A&R was received and if elements had not expired in the interim the file was immediately released.</i>
1	Returned Attestations to customers due to wrong license number, wrong date, undated or questions not completed.
32	Cancellations: (23) customer/user initiated due to need to change order type to expedite, duplication of orders, ordered in error, ordered too soon; (9) CCVS Management initiated because the order could not be completed by due date due to no fault of the CCVS.
98	Requests for DEA/Malpractice updates. Expired after profile was released, not showing updated on web, physician office states renewal not in yet. <i>Notified customer once received.</i>
5	Physician requests for personal profiles. <i>Profiles were faxed, e-mailed, or mailed to physician at their request.</i>
10	Other physician questions or education provided by Customer Service.
4	Other physician issues transferred out of CS (license application status; questions regarding licensure or renewals; CME questions; Regulation 17 and Regulation 7 questions).
21	CCVS notified customer of documents or information needed to complete order (updated A&R, Attestation, other documentation, or physician's contact info).
20	Updated profile provided to customer within 30 days of original release
63	Facility emailed interim update to current physician roster.

**QI Report - Section 3 Breakdown
January 1, 2009 - March 31, 2009**

#	Section	Category	Code/Issue	Month			Grand Total
				1	2	3	
	POSITIVE:	A. Positive	1.00 Positive comments from customers	1	1	4	6
	POSITIVE: Total	A. Positive Total		1	1	4	6
	MAIN CATEGORIES:	B. Technology-Cust					
			2.01 Difficulty accessing website	1		3	4
			2.02 Difficulty placing order		1		1
			2.03 Difficulty printing report	3		1	4
			2.99 Other Technology-Cust Issue			2	2
		B. Technology-Cust Total		4	1	6	11
		C. Technology-CCVS					
			3.01 System down			3	3
			3.02 Profile did not release properly	1			1
			3.03 Customer cannot order (fields grey)	4	2	1	7
			3.04 Customer cannot order (other cause)	1			1
			3.05 Customer cannot access DEA/Malp		1		1
			3.06 Duplicate order in system		1	3	4
		C. Technology-CCVS Total		6	4	7	17
		E. Inconsistent Data					
			5.00 Org info different than CCVS	3		4	7
		E. Inconsistent Data Total		3		4	7
		F. MedSuite Issues					
			6.00 Do Not Use entity issue	3		4	7
		F. MedSuite Issues Total		3		4	7
		G. Staff Related					
			7.01 Profile released with expired item(s)		2		2
			7.03 Profile missing information		3	2	5
			7.05 Incorrect date(s)			1	1
			7.06 Data entry error(s)	2	1	1	4
			7.07 Scanned document error(s)		1	1	2
			7.08 Document entered but not scanned	2	3	1	6
			7.09 Document scanned but not entered		1		1
			7.99 A&R entry error	2			2
			7.99 Certifacts pulled on wrong physician	1			1
			7.99 No explanation for 2 medical schools	1			1
			7.99 Released prematurely		1		1
			7.99 Should have reverified odd dates	1			1
			7.99 Spelling			1	1
			7.99 Two physicians w/ same temp lic #			1	1
		G. Staff Related Total		9	12	9	30
		MAIN CATEGORIES: Total		22	17	55	94

**QI Report - Section 3 Breakdown
January 1, 2009 - March 31, 2009**

MISCELLANEOUS: I. Misc./Other

21.01 Info requests sent to physicians	131	145	118	394
21.02 Document rec'd, OK to reorder	18	6	3	27
21.03 Customer requested confidential info	2		1	3
21.05 Verification request sent to customer	12	16	15	43
21.06 Customer referred to another department or agency	3	3	3	9
21.99 Attestation Request sent to 3rd party		2	1	3
21.99 Clarify CS email received	1			1
21.99 Contact info for organization	1			1
21.99 Cust looking for physician practice location			1	1
21.99 Data request	1			1
21.99 Decipher handwriting on Attestation	1			1
21.99 Email request for PSV	1			1
21.99 LRCP referred to other department	6	3	8	17
21.99 Mailing address for sending malp cert		1	1	1
21.99 Notified cust that phys renewed lic, can place order		1		1
21.99 Notified cust that phys rescinded A&R		1		1
21.99 Re: physicians answers on attestation	1			1
21.99 Referred to other department or agency	1			1
21.99 Reminder to use CCVS fax number			1	1
21.99 Req contact info from customer	1			1
21.99 Request docs from telemed firm		1		1
21.99 Request for contact info from customer	9		4	13
21.99 Requested malp info from customer			1	1
21.99 Requested we fax physicians attestation			1	1
21.99 Using the online directory	1			1
I. Misc./Other Total	189	179	158	526
J. Incomplete Requests				
9.01 Incomplete requested, provided	1			1
J. Incomplete Requests Total	1			1
K. Roster Issues				
10.01 Roster received incomplete	3	3	4	10
10.02 Reminder sent re expiring roster	14	16	18	48
K. Roster Issues Total	17	19	22	58
L. Order Status Check				
11.00 Request for order status	2	8	1	11
L. Order Status Check Total	2	8	1	11
M. User Education				
12.01 Sign-up process; New user packet	6	6		12
12.02 Mandate education	4		3	7
12.03 Policies & procedures education	5	3	2	10
12.05 A&R/Attestation education	3		3	6
12.06 A&R status check	1	4	24	29
12.07 Ordering process education		2	1	3
12.08 Fees / Turnaround Times (TATs)		3	1	4

**QI Report - Section 3 Breakdown
January 1, 2009 - March 31, 2009**

MISCELLANEOUS:		M. User Education		10	17	10	37
	12.09	Telemedicine policy education					
	12.10	Cancellation process education		3	2	2	7
	12.12	Notified cust that CCVS info correct		6	2	2	10
	12.13	Notified cust they can clarify w/physician or source			1	1	2
	12.99	Cannot cancel because no order in system		1			1
	12.99	Cannot order because already ordered		1			1
	12.99	CME requirements		1			1
	12.99	Emailing attachments		2		2	4
	12.99	Explain "Revoked/Stayed"			1		1
	12.99	Explain license verification report		2			2
	12.99	Explain temporary permits				1	1
	12.99	File retention				1	1
	12.99	FSMB Action Alert		1			1
	12.99	Looking under wrong name			1		1
	12.99	Order types and profile content				1	1
	12.99	Physician license renewals				1	1
	12.99	Profile Updates				1	1
	12.99	Reading order confirmations				1	1
	12.99	Requesting incomplete profiles			2		3
	12.99	Roster Education		1	3		4
	12.99	Scanned documents		3			3
	12.99	Send questions to Monitor email				2	2
	12.99	Telemed roster submission				1	1
	12.99	When charges are posted				1	1
		M. User Education Total		50	47	62	159
		N. Account Administration					
	13.01	Account/User changes		5	7	2	14
	13.02	Login/Password problems			1		1
	13.03	Billing questions				3	3
	13.04	Credit card declined or acct lockout		7	5	6	18
	13.05	Needs to change credit card		1			1
	13.99	New contact info for organization		1			1
	13.99	Re user access to admin's order status		1			1
	13.99	Reactivating account			1		1
	13.99	Refund, cancellation not processed before release			1		1
	13.99	Refund, customer couldn't order due to power outages			1		1
	13.99	Refund, duplicate charge			1	3	4
	13.99	Refund, order not completed by due date				1	1
		N. Account Administration Total		15	17	15	47
		O. A&R Refused					
	15.02	Organization Name issue		10	3	3	16
	15.03	Practitioner is not an M.D. or D.O.		3	3	4	10
	15.04	Cannot identify physician		7	2		9
	15.06	License pending or inactive		5	2	5	12
	15.07	Signature issue		2	1		3

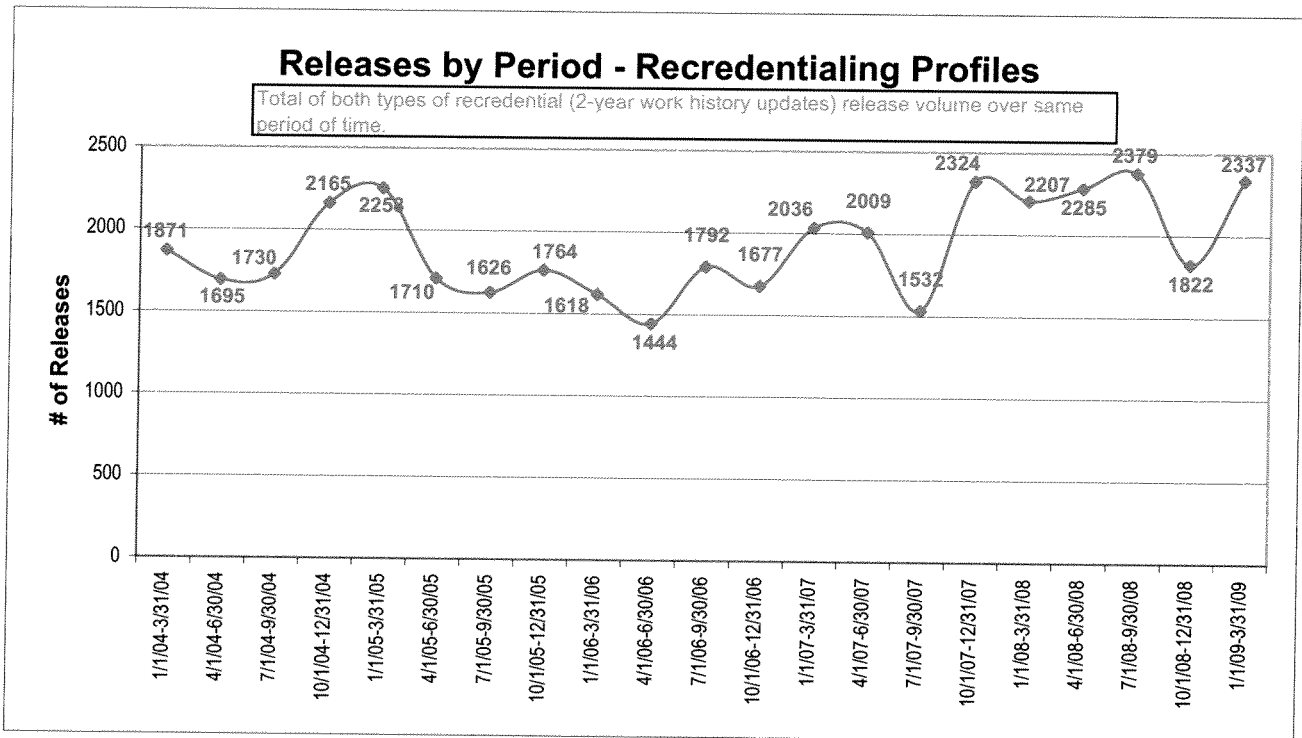
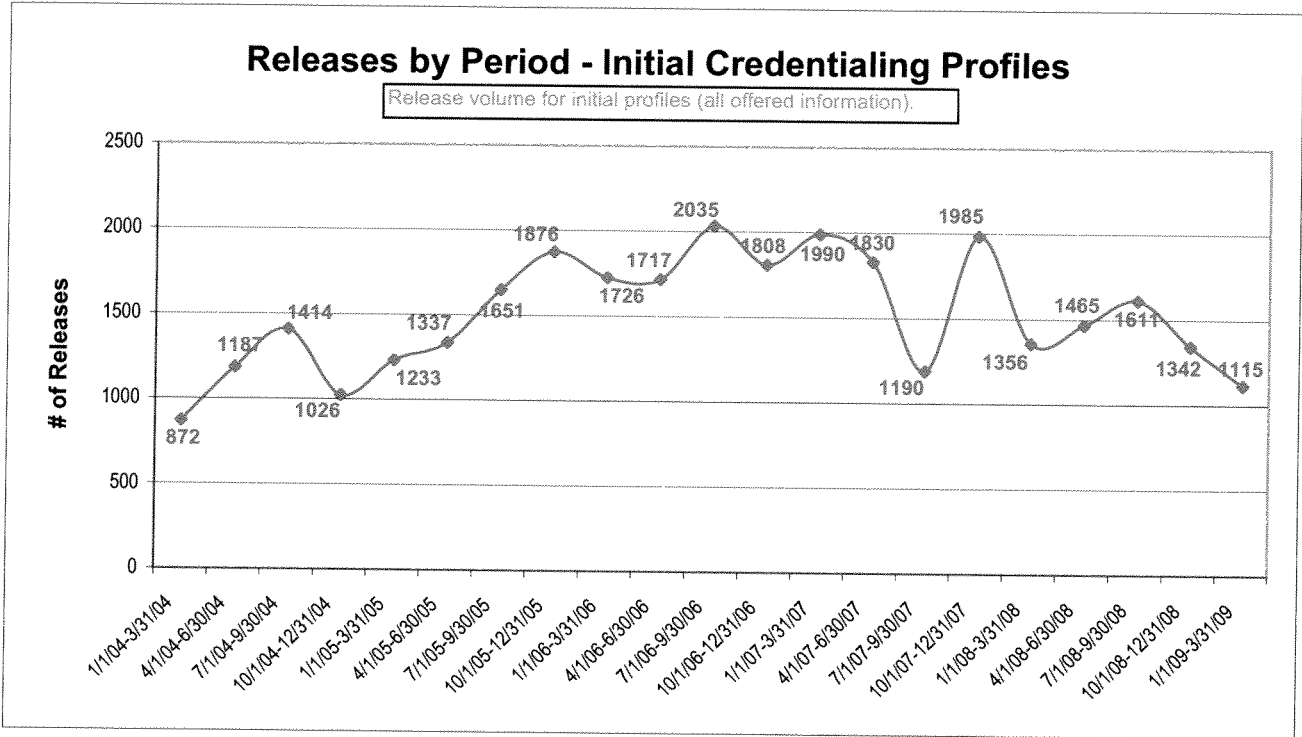
**QI Report - Section 3 Breakdown
January 1, 2009 - March 31, 2009**

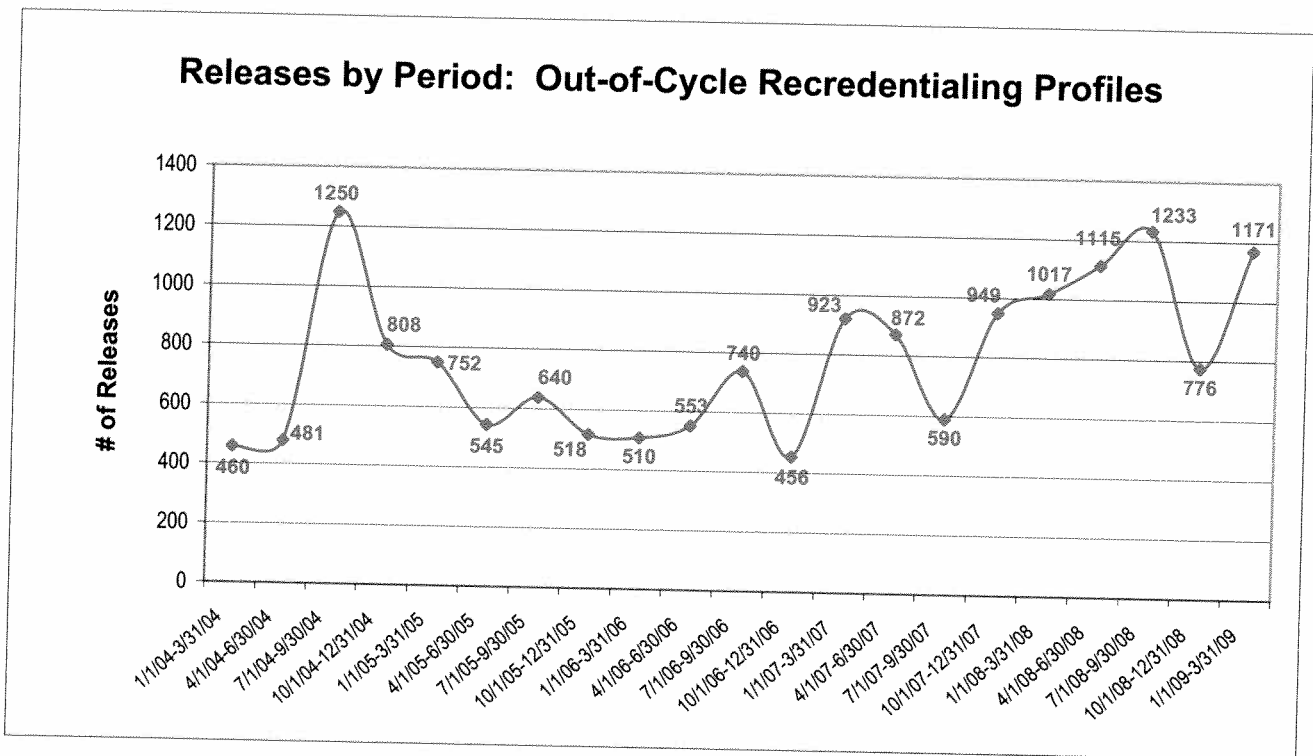
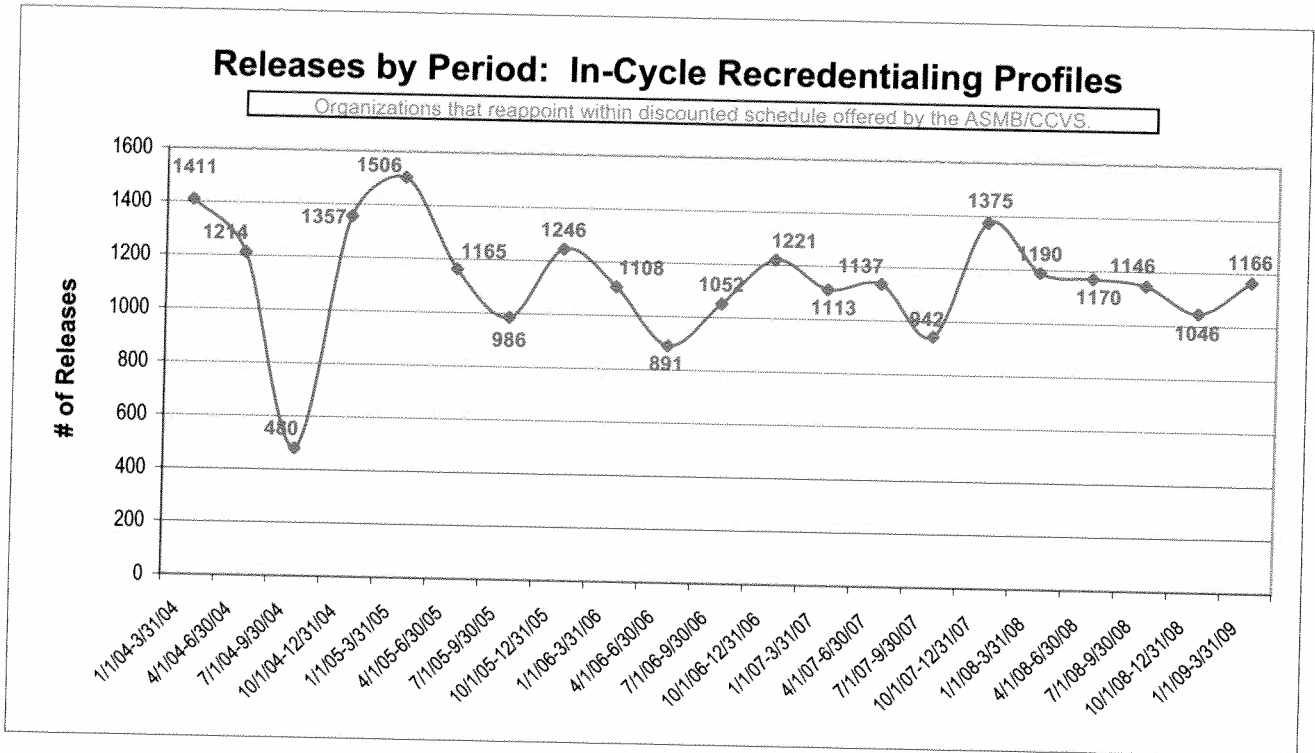
MISCELLANEOUS:	O. A&R Refused		13	13	9	35
		15.08 Date issue		1		1
		15.99 Illegible			1	1
		15.99 Other A&R Issues				1
O. A&R Refused Total			40	25	22	87
P. Attestation		14.00 Broken attest issues handled by CS			1	1
P. Attestation Total					1	1
Q. Cancellations-Cust		17.01 Ordered in error or Duplicate order	8	3	2	13
		17.03 Need to order as expedited		6		6
		17.04 No longer needs this profile	4			4
Q. Cancellations-Cust Total			12	9	2	23
R. Cancellations-CCVS		17.51 Customer could not provide valid A&R		1		1
		17.52 Unable to obtain attestation		3	1	4
		17.56 Physician rescinded A&R		2		2
		17.58 Telemedicine unable to complete		2		2
R. Cancellations-CCVS Total			8	1	1	9
S. DEA/Insurance		18.01 Customer request to update DEA	9	6	7	22
		18.02 Customer request to update insurance	34	18	22	74
		18.99 Other DEA/Insurance issue		2		2
S. DEA/Insurance Total			43	26	29	98
T. Personal Profile Sent to Phys		20.01 Physician requested personal profile	4		1	5
T. Personal Profile Sent to Phys Total			4	1	1	5
U. Other Physician Issue		20.99 Other Physician Services Issue	7	1	2	10
U. Other Physician Issue Total			7	1	2	10
V. Phys referred to Other Dept		20.02 Physician referred to another department or agency		1	3	4
V. Phys referred to Other Dept Total				1	3	4
W. Order Issues		16.01 Cust notified attestation expired/expiring	4	1		5
		16.02 Cust notified A&R expired/expiring	3	2	3	8
		16.99 Other Order Issue	5	1	2	8
W. Order Issues Total			12	4	5	21
W. Profile Update		19.01 Cust requested updated profile	1		1	2
		19.02 Cust requested update, not provided				1
		19.03 Update provided to customer proactively	3	7	7	17
W. Profile Update Total			5	7	8	20
X. Roster Updates		10.03 Facility sent change/addition to roster	8	40	15	63
X. Roster Updates Total			8	40	15	63
MISCELLANEOUS: Total			404	391	348	1143
Grand Total			427	409	407	1243

Arkansas State Medical Board

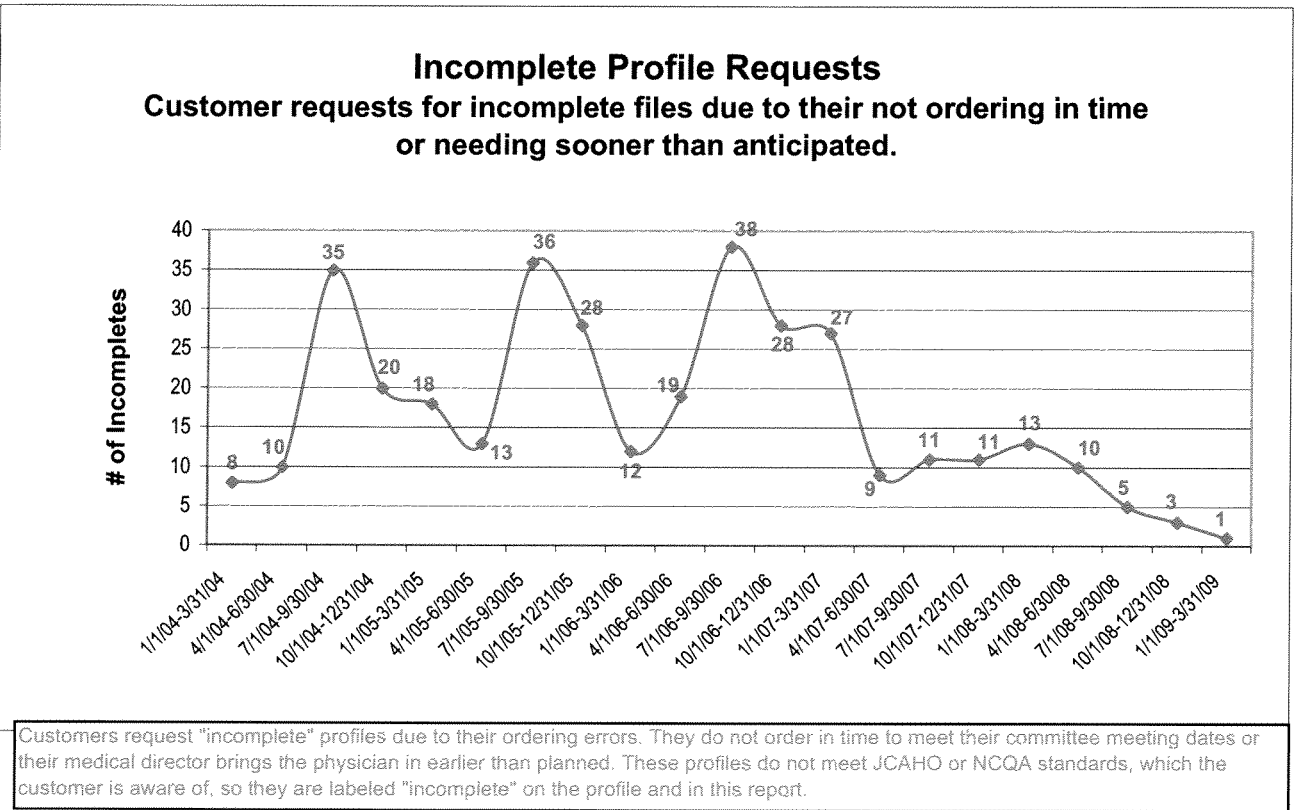
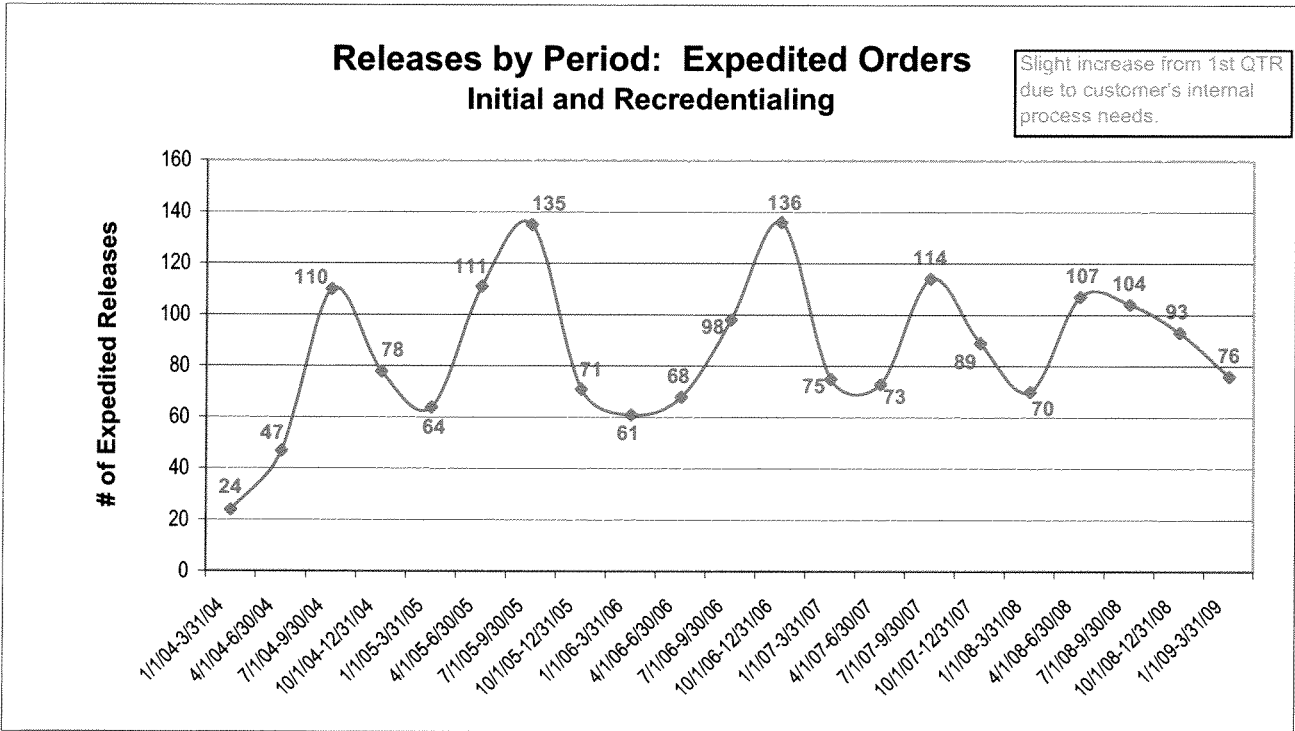
Quality Improvement Report for the Period 1/1/2009-3/31/2009

Charts & Graphs



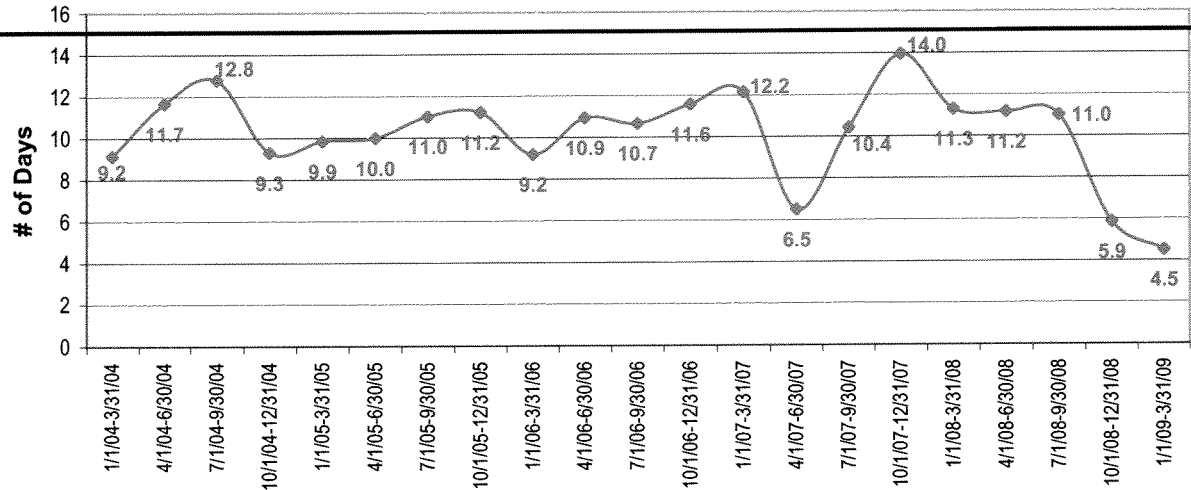


Recredentialing schedules vary per organization from every year, every two years or every three years. Not all organizations choose to recredential in-cycle for the discount due to their internal reappointment schedules.



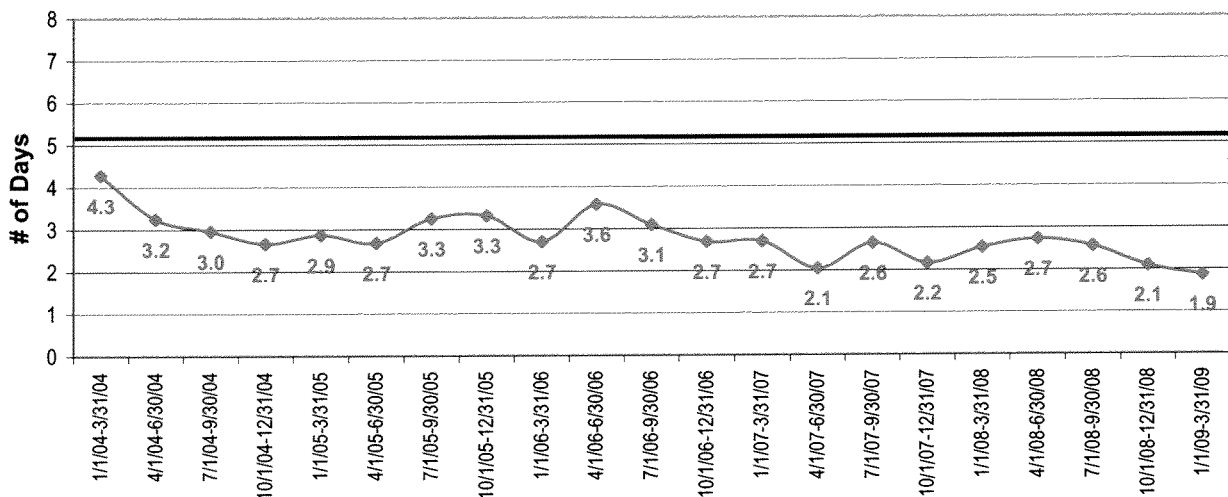
Turnaround Times: Initial Credentialing (Target: 15 Business Days)

Meets and exceeds goals.



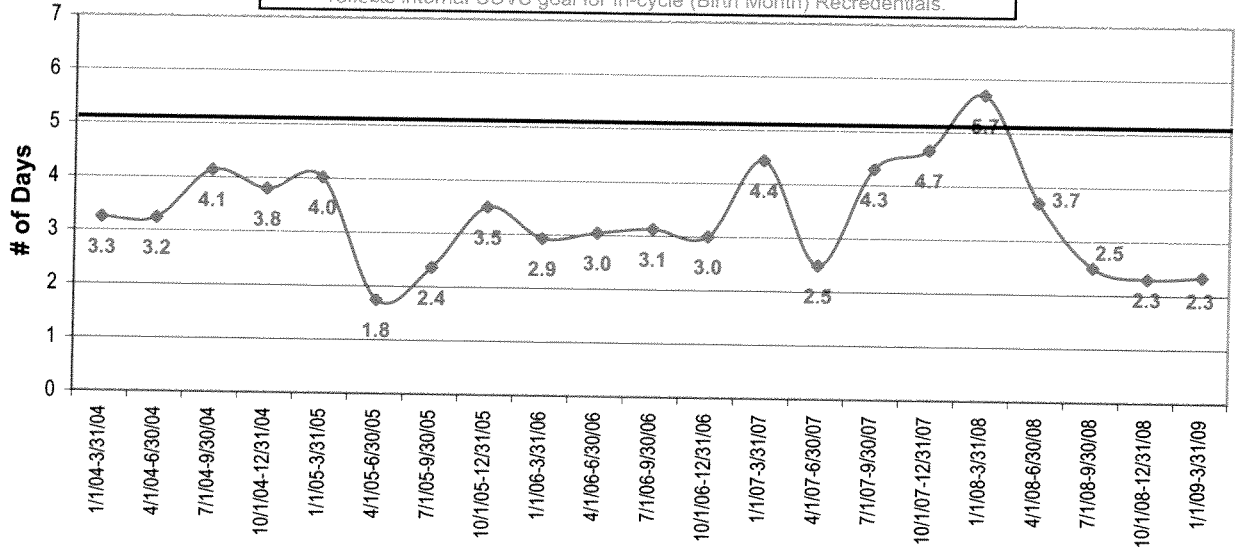
Turnaround Times: Expedited Orders Initial and Recredentialing (Target: 5 Business Days)

Meets and exceeds goals.



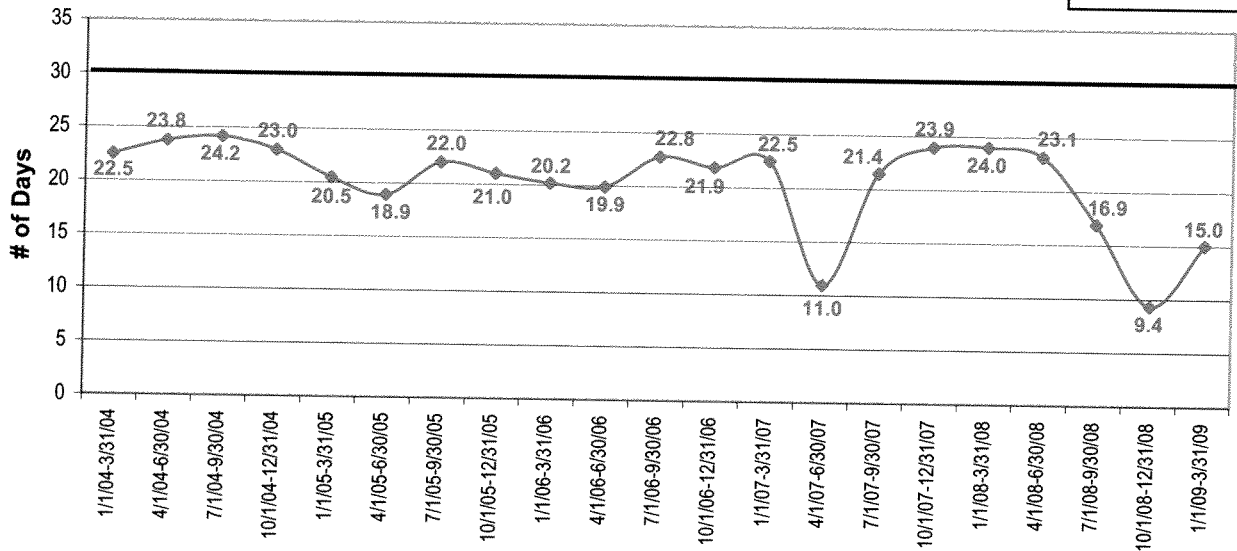
Turnaround Times: In-Cycle Recredentialing (Target: 5 Business Days)

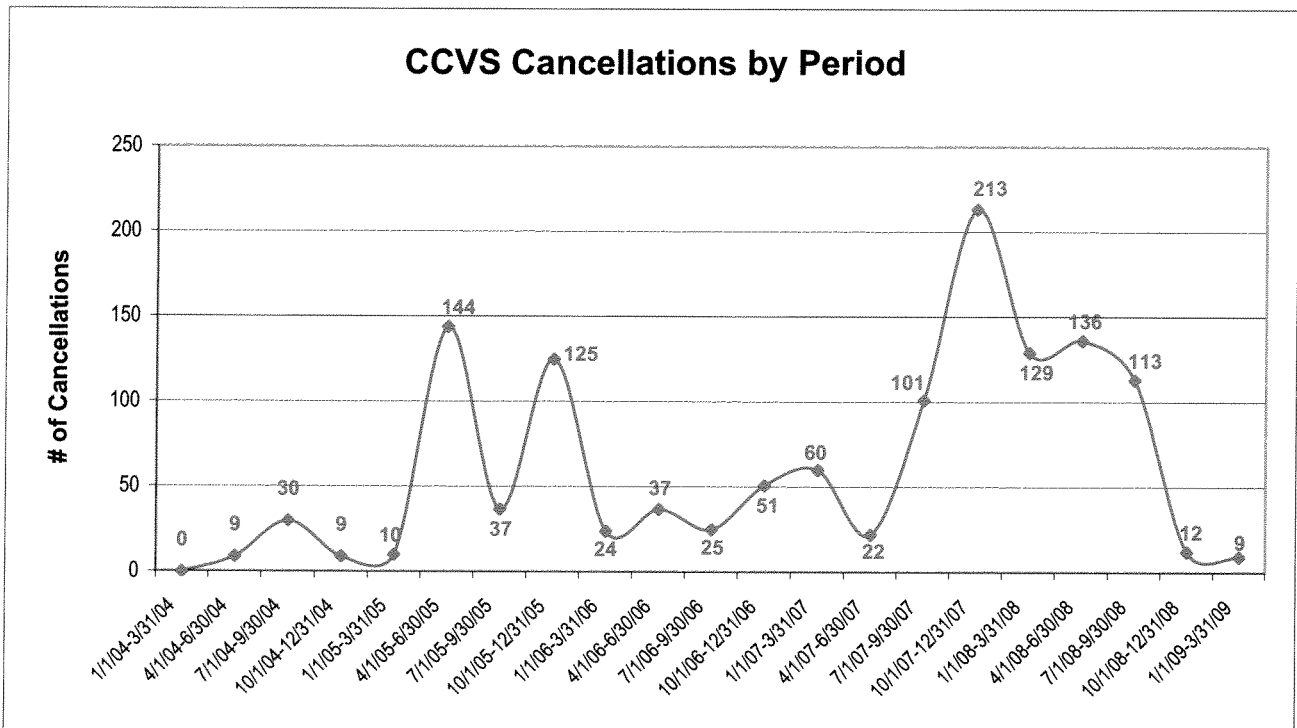
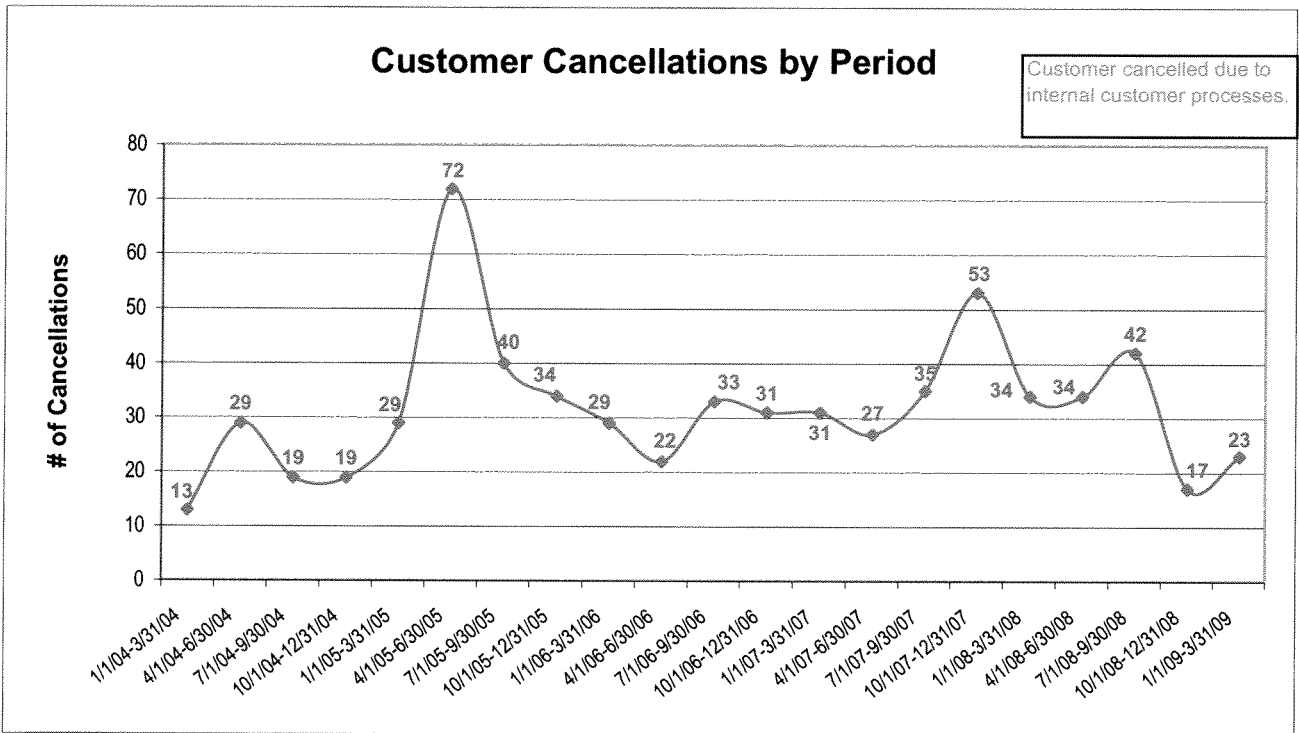
Guaranteed and posted TAT goal for Recreditals is 30 Business days. This reflects internal CCVS goal for In-cycle (Birth Month) Recreditals.



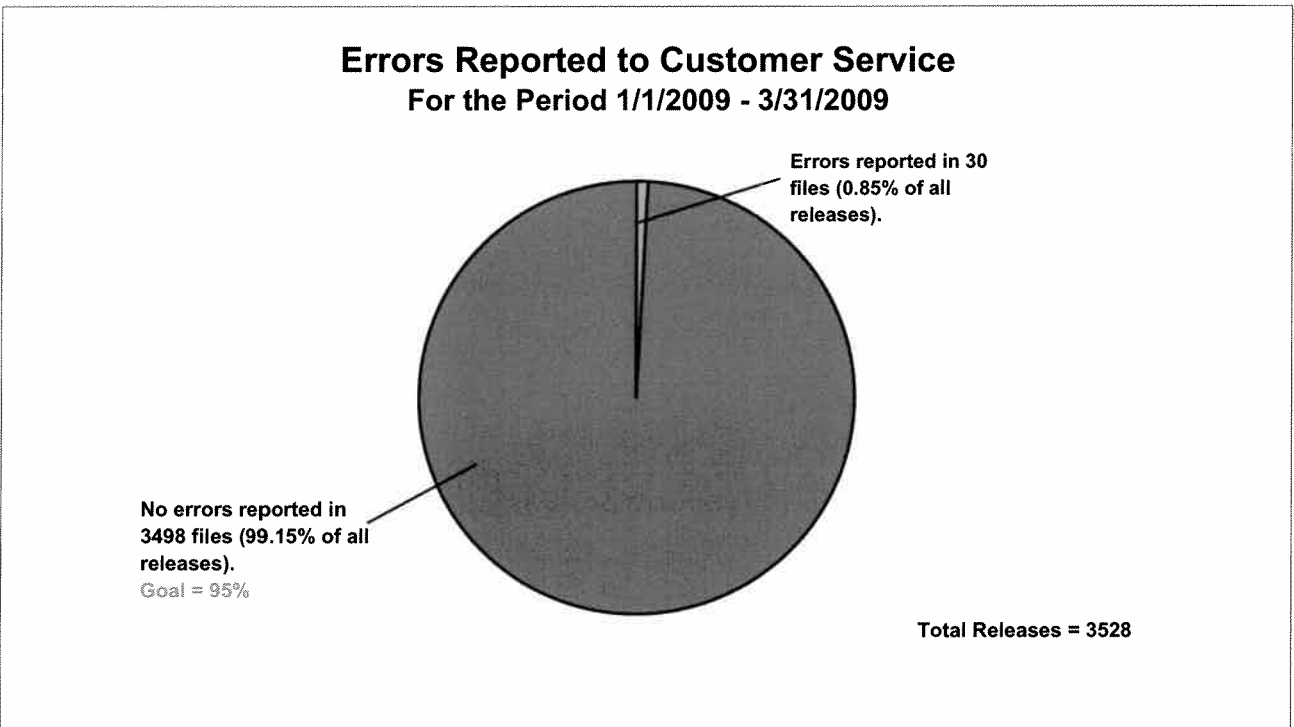
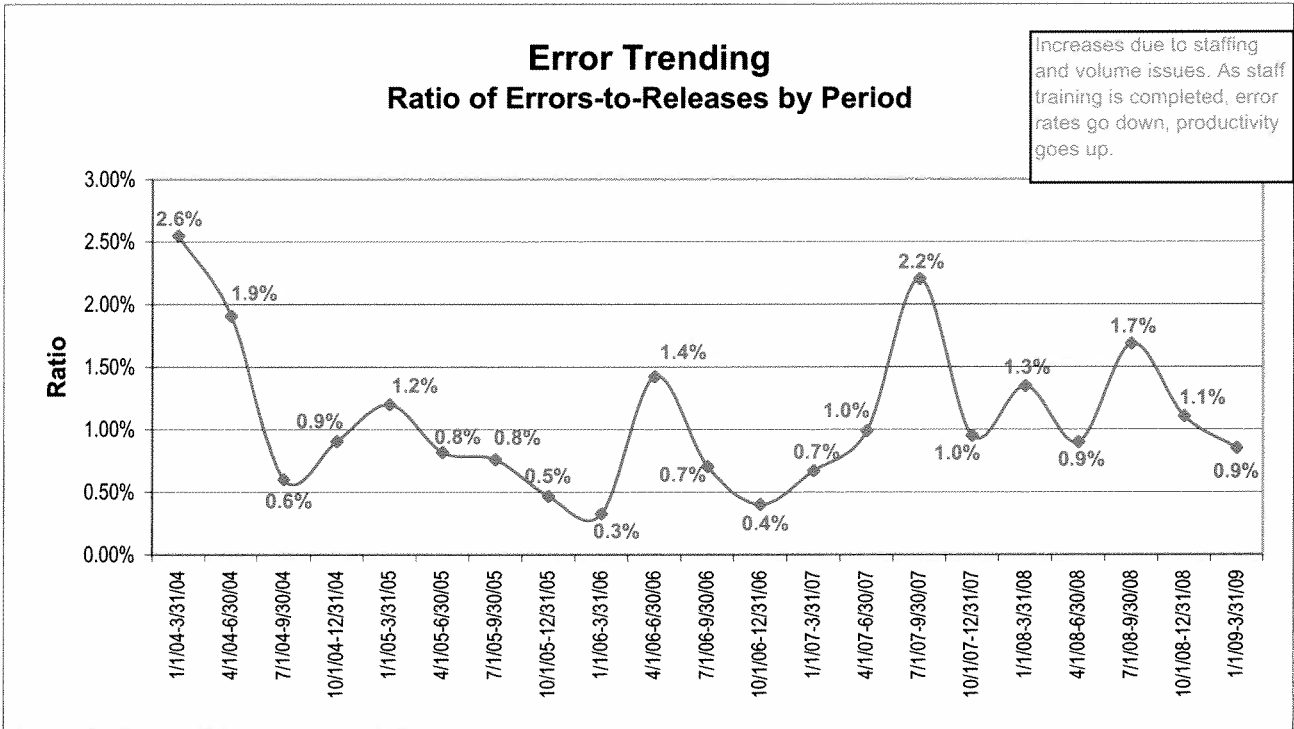
Turnaround Times: Out-of-Cycle Recredentialing (Target: 30 Business Days)

Within guaranteed and posted goals.

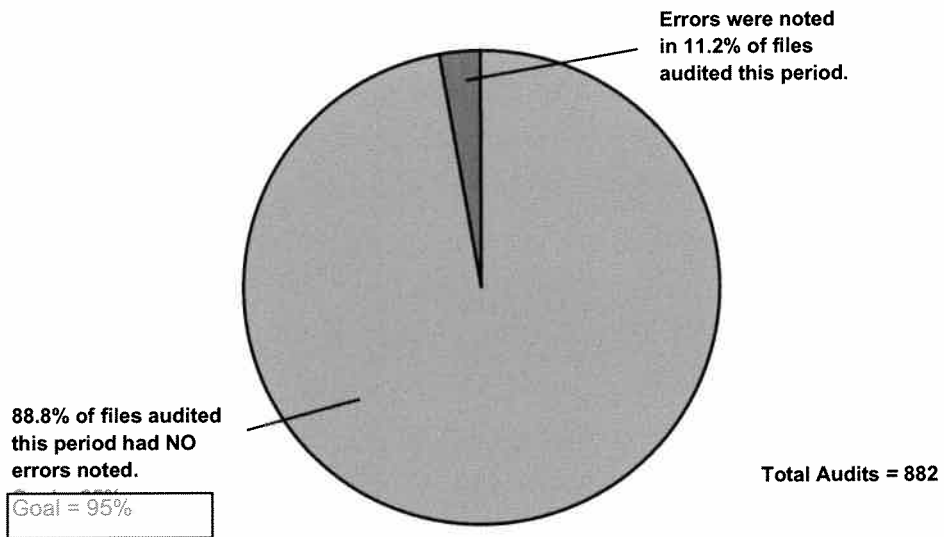




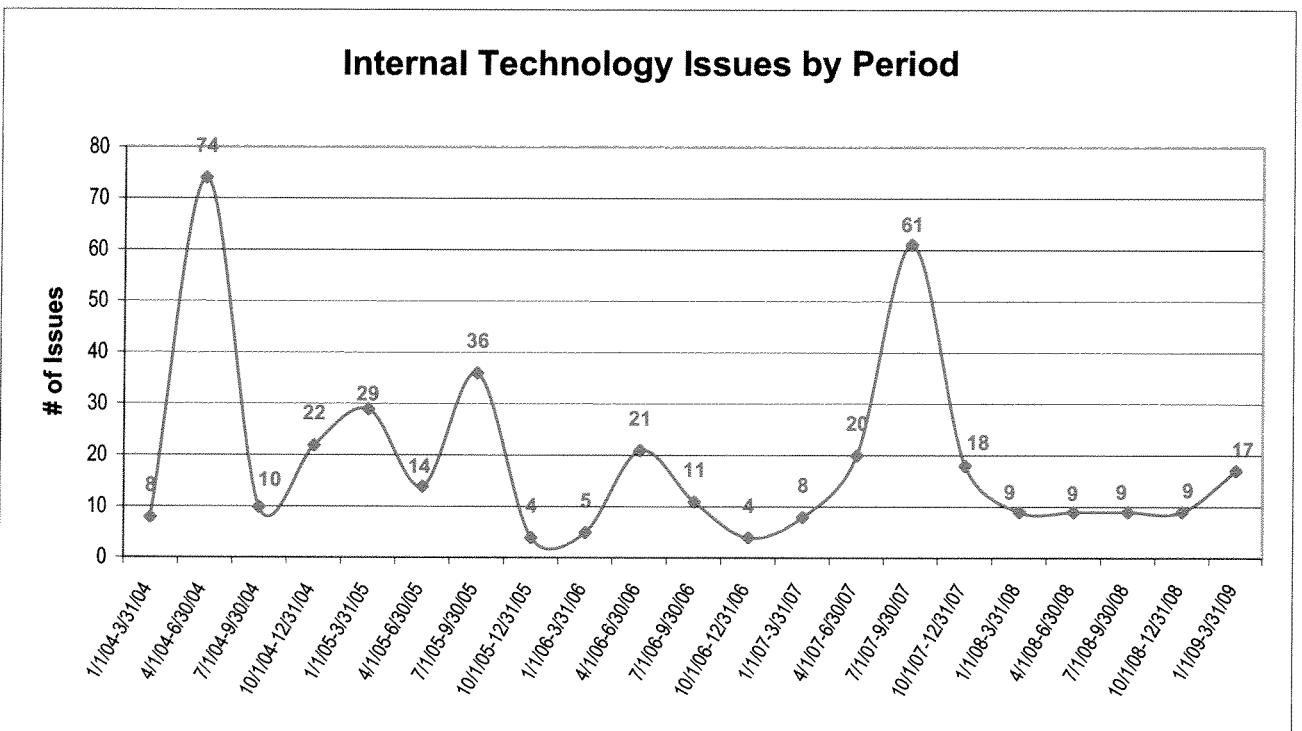
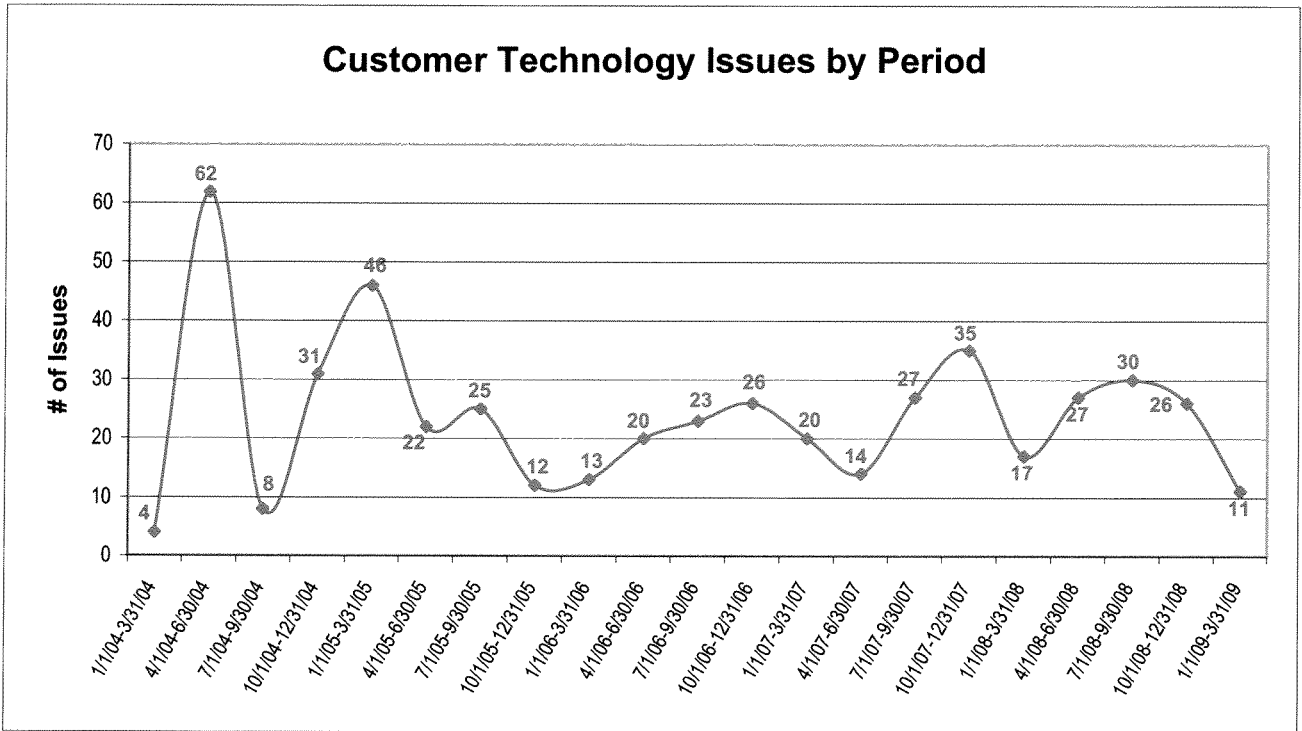
2007 cancellations due to failure to obtain attestations from physicians. Decrease in 1st QTR but increasing again in 2nd QTR due to telemed cancellations.



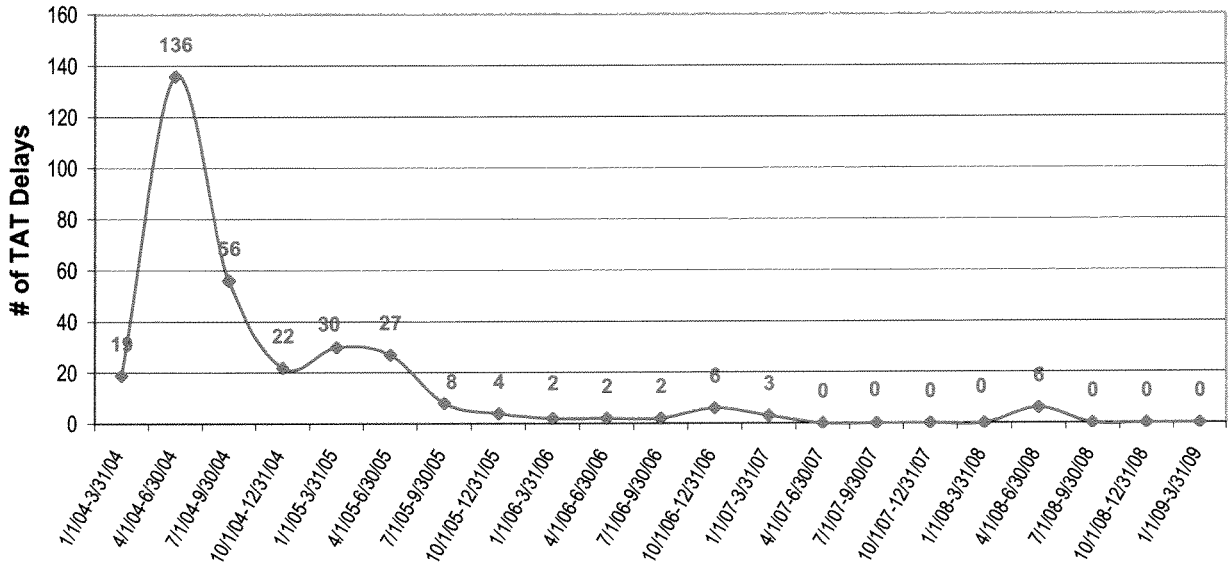
Errors Found in Internal Audit For the Period 1/1/2009 - 3/31/2009



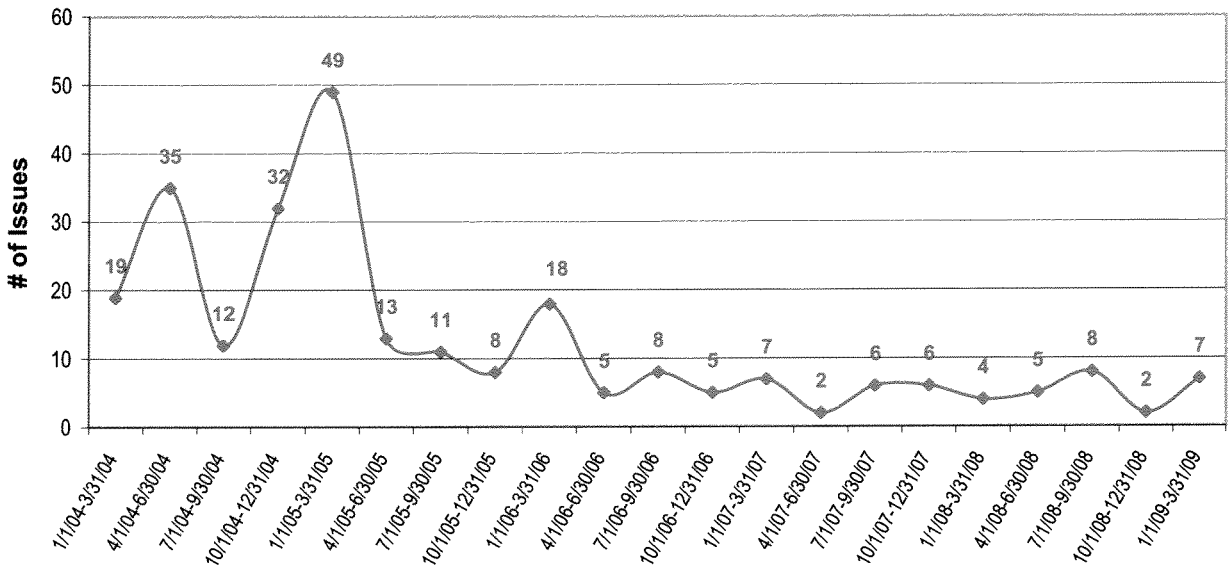
Other Customer Satisfaction/Feedback Reports

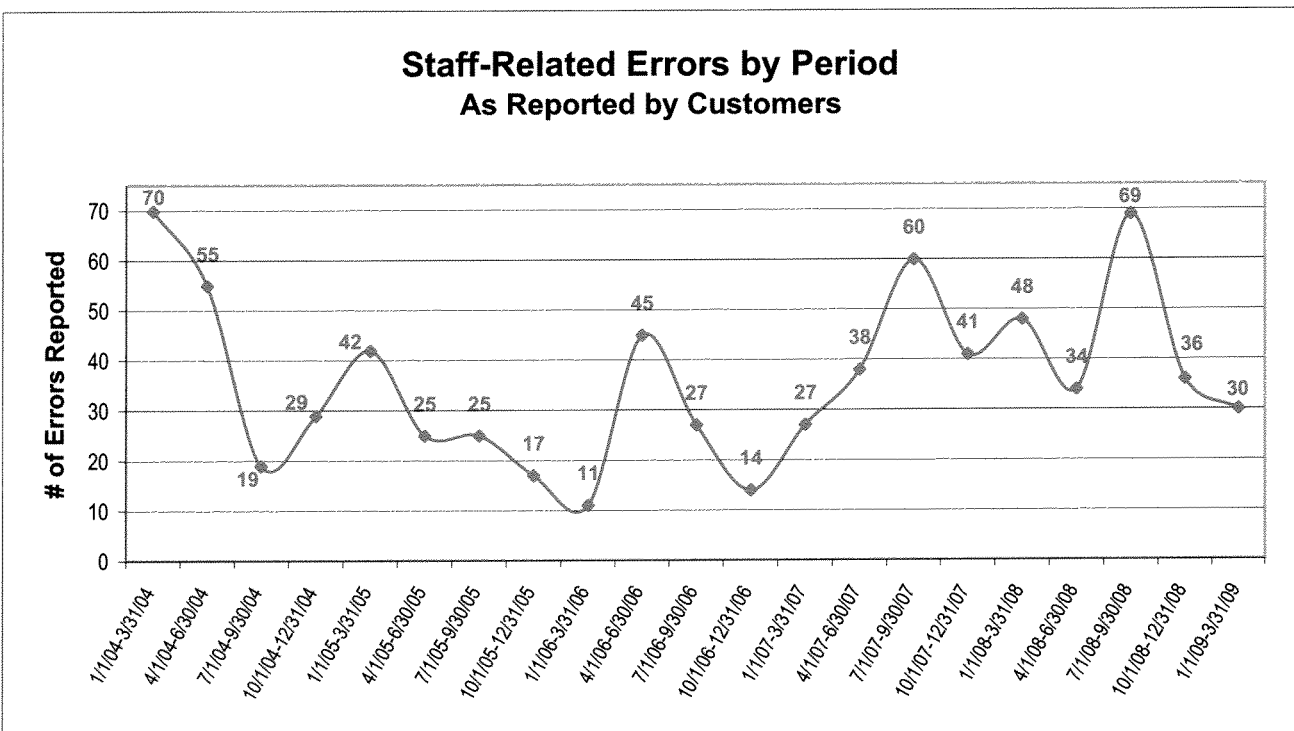
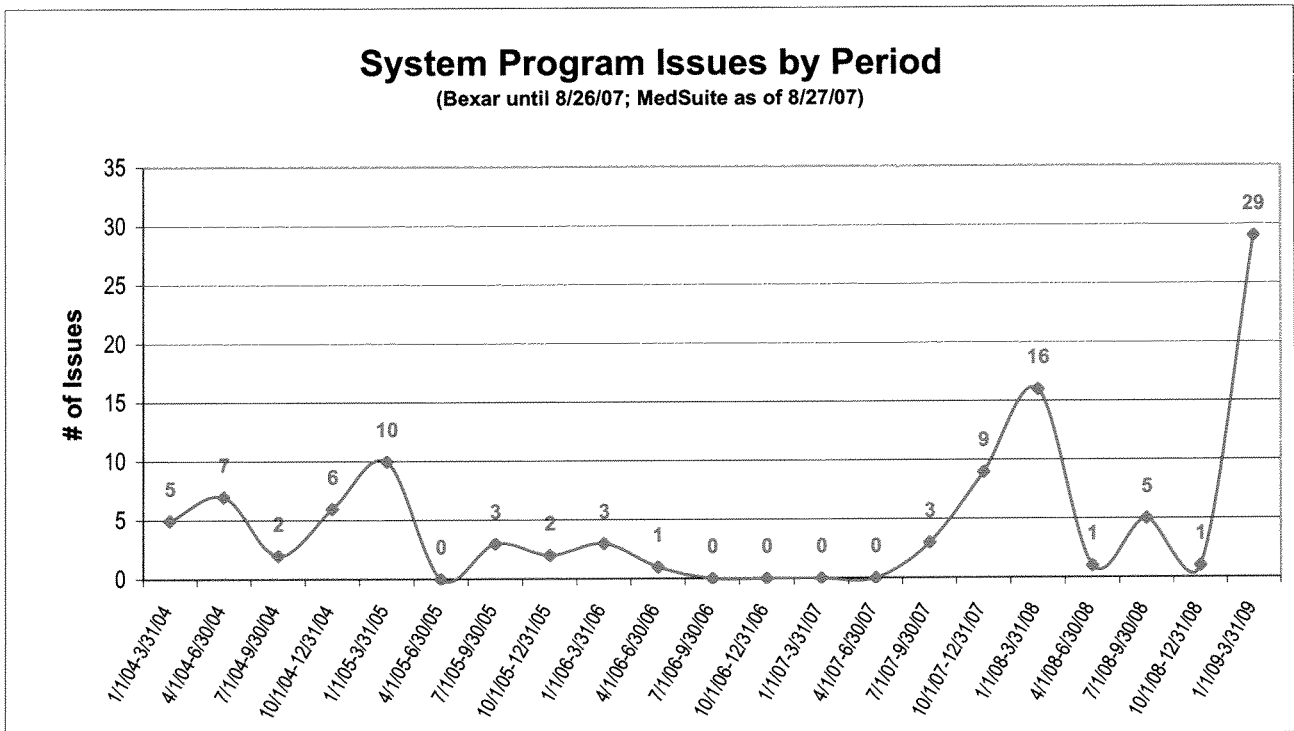


Profile Turnaround Time Delays by Period

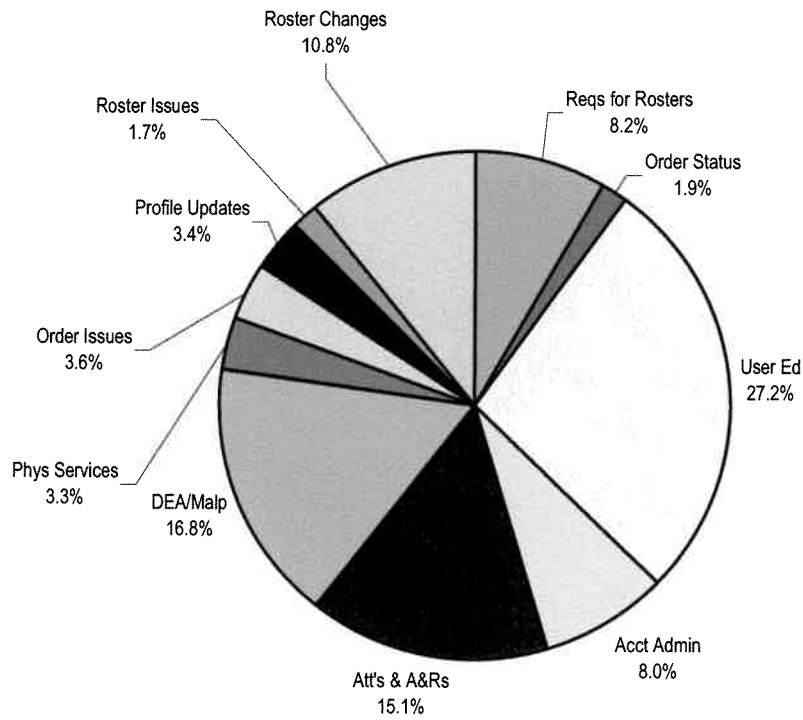


Inconsistent Data Issues by Period





Breakdown of Miscellaneous Issues Not Previously Reported For the Period 1/1/2009 - 3/31/2009



Total issues: 783